



TRICARE
MANAGEMENT ACTIVITY

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9043

PDR

CHANGE 73
OCHAMPUS 6010.50-M
SEPTEMBER 11, 1998

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL**

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S): CHAPTERS 2, 5 and 6

REMOVE AND INSERT PAGE(S): (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE UPDATES THE TRICARE SENIOR PRIME BY INCREASING THE SKILLED NURSING FACILITY (SNF) BENEFIT AND INCREASING THE ENROLLMENT CAPACITY AT KEESLER AFB. THIS CHANGE IS ISSUED IN CONJUNCTION WITH OPERATIONS MANUAL CHANGE 122.

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

Sheila H. Sparkman
Director, Program Development and Evaluation

ATTACHMENT(S): 52 PAGE(S)
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

CHANGE NO: 73
OCHAMPUS 6010.50-M
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REMOVE PAGE(S)

CHAPTER 2

2.V-11 & 2.V-12

CHAPTER 5

5.I-13 & 5.I-14

5.II-3 & 5.II-4

5.IV-15 THROUGH 5.IV-22

CHAPTER 6

6.I-13 THROUGH 6.I-25

6.II-5 & 6.II-6

6.III-19 THROUGH 6.III-28

6.IV-15 THROUGH 6.IV-18

6.V-1 & 6.V-2

6.V-7 & 6.V-8

6.VI-7 & 6.VI-8

INSERT PAGE(S)

2.V-11 & 2.V-12

5.I-13 & 5.I-14

5.II-3 & 5.II-4

5.IV-15 THROUGH 5.IV-23

6.I-13 THROUGH 6.I-26

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6.III-19 THROUGH 6.III-28

6.IV-15 THROUGH 6.IV-19

6.V-1 & 6.V-2

6.V-7 & 6.V-8

6.VI-7 & 6.VI-8

Data Requirements

Data Element Definition

Element Name: Health Care Plan Code (Continued)

- 15 TRICARE PACIFIC
- 16 TRICARE SOUTHCOM
- 17 MANAGED CARE SUPPORT - REGION 2/5
- 18 MANAGED CARE SUPPORT - REGION 1

Algorithm N/A

Subordinate and/or Group Elements

Subordinate

Group

N/A

Processing Code

Notes and Special Instructions:

- ¹ Applies only to at-risk contractors. Use the above codes irrespective of Partnership or other agreements.

Data Requirements**Data Element Definition**

Element Name: Health Care Services Record (HCSR) Indicator

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-005	1	Yes
Non-Institutional	2-005	1	Yes

Primary Picture (Format) Group

Definition Field containing multiple elements that uniquely identify each Health Care Service Record.

Code/Value Specifications N/A

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
Filing Date	N/A
Filing State/Country	N/A
Sequence Number	N/A
Time	N/A
HCSR Suffix	N/A

Notes and Special Instructions:

N/A

Institutional Edit Requirements

Element Name: Sponsor Branch of Service (1-055)

Validity Edits

01-055-01 MUST BE A, E, F, I, M, N, P, OR C (SEE THE ADP MANUAL, CHAPTER 2)

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PROGRAM INDICATOR	SEE BELOW	
VOUCHER BRANCH OF SERVICE ¹	SEE BELOW	

Edited Element Relationship

1-055-02R IF PROGRAM INDICATOR = 'H' (PROGRAM FOR PERSONS WITH DISABILITIES), SPONSOR BRANCH OF SERVICE MUST NOT BE 'C' (CHAMPVA).

1-055-03R IF VOUCHER BRANCH OF SERVICE

01	ARMY
02	AIR FORCE
03	MARINE CORPS/NAVY
21	ACTIVE DUTY ARMY
22	ACTIVE DUTY AIR FORCE
23	ACTIVE DUTY MARINE CORPS/NAVY
61	TRICARE SENIOR PRIME - ARMY
62	TRICARE SENIOR PRIME - AIR FORCE
63	TRICARE SENIOR PRIME - MARINE CORPS/NAVY
71	ARMY - DIRECT PAY
72	AIR FORCE - DIRECT PAY
73	MARINE CORPS/NAVY - DIRECT PAY
FA	TRICARE SENIOR PRIME DOVER AFB, DOVER, DELAWARE
FB	TRICARE SENIOR PRIME KEESLER AFB, BILOXI, MISSISSIPPI
FC	TRICARE SENIOR PRIME BROOKE ARMY MEDICAL CENTER, SAN ANTONIO, TX
FD	TRICARE SENIOR PRIME WILFORD HALL MEDICAL CENTER, SAN ANTONIO, TX
FE	TRICARE SENIOR PRIME FT. SILL, OKLAHOMA
FF	TRICARE SENIOR PRIME SHEPPARD AFB, WICHITA FALLS, TEXAS
FG	TRICARE SENIOR PRIME FORT CARSON, COLORADO SPRINGS, COLORADO
FH	TRICARE SENIOR PRIME AIR FORCE ACADEMY, COLORADO SPRINGS, CO
FJ	TRICARE SENIOR PRIME NAVAL MEDICAL CENTER SAN DIEGO, SAN DIEGO, CALIFORNIA

¹ BATCH/VOUCHER HEADER

Chapter 5

Institutional Edit Requirements

Element Name: Sponsor Branch of Service (1-055) (Continued)

	FK	TRICARE SENIOR PRIME MADIGAN ARMY MEDICAL CENTER, FORT LEWIS, WASHINGTON
	I	NOAA
	P	COAST GUARD
IF VOUCHER BRANCH OF SERVICE	10	CONTINUED HEALTH CARE BENEFIT PROGRAM
SPONSOR BRANCH OF SERVICE		
MUST BE	A	ARMY
	F	AIR FORCE
	M	MARINES
	N	NAVY
	E	PUBLIC HEALTH SERVICE
	I	NOAA
	P	COAST GUARD

1 BATCH/VOUCHER HEADER

Institutional Edit Requirements

Chapter 5

Element Name: Enrollment Status (1-105) (Continued)

IF SOURCE OF HEALTH CARE DATA IS A FI

ENROLLMENT STATUS MUST	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	E	MANAGED CARE SUPPORT - TRICARE-TIDEWATER PRIME
	G	MANAGED CARE SUPPORT - TRICARE-TIDEWATER EXTRA
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	R	TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS ORLEANS DEMONSTRATION

ENROLLMENT STATUS MUST	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
	Q	NEW ORLEANS COORDINATE CARE STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA

IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT

ENROLLMENT STATUS MUST	K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
BE =	L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON-ENROLLED PATIENT, NETWORK PROVIDER
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	O	NEW ORLEANS PRIME
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
	Q	NEW ORLEANS COORDINATED CARE STANDARD CHAMPUS PROGRAM
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
	V	MANAGED CARE SUPPORT - EXTRA
	W	ACTIVE DUTY USA
	X	ACTIVE DUTY EUROPE
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

Chapter 5

Institutional Edit Requirements

Element Name:		Enrollment Status (1-105) (Continued)	
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE = 1 (CONTRACTED) ENROLLMENT STATUS MUST NOT	S	STANDARD CHAMPUS PROGRAMS
	IF PROVIDER CONTRACT AFFILIATION CODE = 2 (NOT CONTRACTED) ENROLLMENT STATUS MUST NOT	N	NON-PRIME
1-105-05R	IF ENROLLMENT STATUS =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) STANDARD
	THEN PROGRAM INDICATOR MUST NOT =	AA	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) EXTRA
1-105-06R	IF ENROLLMENT STATUS =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = AD (ACTIVE DUTY)	W	(GSU ACTIVE DUTY - USA)
1-105-07R	IF ENROLLMENT STATUS =	X	(ACTIVE DUTY - EUROPE)
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
		MS	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NETWORK)
		MN	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME (NON-NETWORK)
1-105-09R	IF ENROLLMENT STATUS =	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
	THEN BEGIN DATE OF CARE MUST BE > OCTOBER 1, 1997		

Institutional Edit Requirements

Element Name: Health Care Plan Code Identifier (1-185) (Continued)

		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		R	TRICARE EXTRA - NORTH CAROLINA
		W	GSU ACTIVE DUTY - USA
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-185-11R	IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO) HEALTH CARE PLAN CODE MUST BE = '11'		
1-185-12R	IF HEALTH CARE PLAN CODE = '11' ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
1-185-13R	IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS. HEALTH CARE PLAN CODE MUST BE = '09'		
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	UNLESS ENROLLMENT STATUS	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-14R	IF HEALTH CARE PLAN CODE = '09' ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-185-15R	IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII HEALTH CARE PLAN CODE MUST BE = '08'		
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	UNLESS: ENROLLMENT STATUS	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-16R	IF HEALTH CARE PLAN CODE = '08' ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-185-17R	IF CONTRACTOR (REGION 03, 04) HUMANA HEALTH CARE PLAN CODE MUST BE = '13', '14', '15', '16'		

Institutional Edit Requirements

Element Name: Health Care Plan Code Identifier (1-185) (Continued)

		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	UNLESS:		
	ENROLLMENT STATUS	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-18R	IF HEALTH CARE PLAN CODE = '13', '14', '15', '16'		
	ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-185-19R	IF CONTRACTOR (REGION 07, 08) TRIWEST HEALTH CARE PLAN CODE MUST BE = '12'		
	UNLESS:		
	ENROLLMENT STATUS MUST =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	THEN:		
	HEALTH CARE PLAN CODE MUST BE BLANK.		
1-185-20R	IF HEALTH CARE PLAN CODE = '12'		
	ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		BB	MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
1-185-21R	IF CONTRACTOR (REGION 2/5) THEN HEALTH CARE PLAN CODE MUST BE = '17'		
	UNLESS		
	ENROLLMENT STATUS MUST =	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
	THEN		
	HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-22R	IF HEALTH CARE PLAN CODE = '17'		
	THEN		
	ENROLLMENT STATUS MUST =	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME
		V	MANAGED CARE SUPPORT - EXTRA
		W	GSU ACTIVE DUTY - USA
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC PCM)

Institutional Edit Requirements

Chapter

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Element Name: Health Care Plan Code Identifier (1-185) (Continued)

1-185-23R IF CONTRACTOR (REGION 1)
THEN HEALTH CARE PLAN CODE MUST BE = '18'
UNLESS
ENROLLMENT STATUS MUST = Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD
AA CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
THEN
HEALTH CARE PLAN CODE MUST BE BLANK

1-185-24R IF HEALTH CARE PLAN CODE = '18'
THEN
ENROLLMENT STATUS MUST = T MANAGED CARE SUPPORT - STANDARD CHAMPUS
PROGRAM
U MANAGED CARE SUPPORT - PRIME
V MANAGED CARE SUPPORT - EXTRA
W GSU ACTIVE DUTY - USA
Z MANAGED CARE SUPPORT - PRIME (WITH MTF/CLINIC
PCM)
BB MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

Element Name: Reason for Adjustment (1-195)

Validity Edits

1-195-01 VALUE MUST BE A - F OR BLANK

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SUBMISSION	SEE BELOW	

Edited Element Relationship

1-195-02R IF TYPE OF SUBMISSION = A, B, OR F
 REASON FOR ADJUSTMENT MUST = A - F.
 IF TYPE OF SUBMISSION = D, I, R, OR O
 REASON FOR ADJUSTMENT MUST = SPACE.
 IF TYPE OF SUBMISSION = C OR E
 REASON FOR ADJUSTMENT MUST = D - F.
 IF TYPE OF SUBMISSION = G
 REASON FOR ADJUSTMENT MUST = A.

Institutional Edit Requirements

Element Name: Special Processing Code (1-197)
Validity Edits

- 1-197-01,** OCCURRENCE NUMBER 1
1-197-02, OCCURRENCE NUMBER 2
1-197-03 OCCURRENCE NUMBER 3
 VALUE MUST BE IN RANGE 1 - 5, 7 - 9, BLANK, B, D THROUGH O, Q THROUGH Z, I, @, #, \$, &, %, ?, PO, *, AD, BD, MH, MN, MS, ST, OR WR.
1-197-04 A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

Relational Edits

	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
	CONTRACTOR NUMBER	SEE BELOW	
1-100-05R	PATIENT ZIP CODE		
	PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
	FILING DATE	SEE BELOW	
	PROVIDER STATE <u>OR</u> COUNTRY	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

Edited Element Relationship

- 1-197-05R** IF NAS EXCEPTION REASON = 9 (DEMONSTRATION PROJECTS)
 AT LEAST ONE SPECIAL PROCESSING CODE MUST

3	BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
4	BONE MARROW DONOR - WILFORD HALL REFERRED ONLY
9	FORT DRUM COOPERATIVE MEDICAL CARE
E	HHC/CM
- IF NAS EXCEPTION REASON = 8 HEART/LIVER TRANSPLANT
 AT LEAST ONE SPECIAL PROCESSING CODE MUST

5	LIVER TRANSPLANT
7	HEART TRANSPLANT
- IF NAS EXCEPTION REASON = 6 (PARTNERSHIPS)
 AT LEAST ONE SPECIAL PROCESSING CODE

B	PARTNERSHIP PROGRAM. (EXTERNAL WITH SIGNED AGREEMENTS)
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- IF NAS EXCEPTION REASON = L (HOSPICE)
 AT LEAST ONE SPECIAL PROCESSING CODE MUST =

#	HOSPICE
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Institutional Edit Requirements

Element Name:		Special Processing Code (1-197) (Continued)	
	IF NAS EXCEPTION REASON =	9	(ACTIVE DUTY CLAIMS)
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	AD	ACTIVE DUTY CLAIMS
1-197-06R	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 <u>OR</u> 41.03		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY
	IF BEGIN DATE OF CARE < 07/15/96 AND IF PRINCIPAL/SECONDARY OP/NSP CODE IS 50.5, 50.51, <u>OR</u> 50.59		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5		
	AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7	HEART TRANSPLANT
1-197-07R	IF SPONSOR STATUS	T	FOREIGN MILITARY
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
1-197-08R	IF SPONSOR BRANCH OF SERVICE	C	CHAMPVA
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
1-197-09R	IF PROGRAM INDICATOR	H	PFPWD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		F	CAM DEMONSTRATIONS
		G	
		I	
		J	
		E	HHC/CM
		N	CHAMPUS SELECT
1-197-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.		
1-197-11R	IF SPECIAL RATE CODE = G, I, J, M <u>OR</u> O (CHAMPUS DRG, WITH LONG STAY <u>OR</u> COST OUTLIER)		
	AND FREQUENCY CODE	2	INITIAL
		3	INTERIM
		4	FINAL
	SPECIAL PROCESSING CODE	D	DRG QUALIFYING FOR INTERIM PAYMENT
1-197-12R	IF FILING DATE ≤ 10/1/88		
	SPECIAL PROCESSING CODE MUST ≠	D	DRG QUALIFYING FOR INTERIM PAYMENT
	IF SPECIAL PROCESSING CODE	F	REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
	THE FILING DATE MUST BE ≥ JUNE 1, 1989, DATE OF ADMISSION ≤ MAY 31, 1992.		
	IF SPECIAL PROCESSING CODE	G	EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON

Institutional Edit Requirements

Chapter

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Element Name: Special Processing Code (1-197) (Continued)

	THE FILING DATE MUST BE ≥ OCT 1, 1989, DATE OF ADMISSION ≤ SEPTEMBER 30, 1992	
	IF SPECIAL PROCESSING CODE I	BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ MARCH 1, 1990 AND DATE OF ADMISSION ≤ APRIL 30, 1993.	
	IF SPECIAL PROCESSING CODE J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ MARCH 1, 1990.	
1-197-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE K	GEORGIA/FLORIDA PPO
	THE PROVIDER STATE OR COUNTRY CODE MUST BE 09	FLORIDA
	10	GEORGIA
1-197-14R	IF BEGIN DATE OF CARE < 6/30/88	
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY = E	HHC/CM
1-197-15R	IF ANY DENIAL REASON CODE G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = F	ARMY CAM DEMONSTRATIONS
	G	
	E	HHC/CM
	N	CHAMPUS SELECT
1-197-16R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	AMOUNT OF OTHER HEALTH INSURANCE MUST NOT = ZERO.	
1-197-17R	IF SPECIAL PROCESSING CODE = T	MEDICARE/CHAMPUS DUAL ENTITLEMENT (NORMAL COB PROCESSING)
	WITH PATIENT RELATIONSHIP TO SPONSOR = T	FORMER SPOUSE
	H	
	R	
	Y	
1-197-18R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = PO	
	ENROLLMENT STATUS MUST BE U	MANAGED CARE SUPPORT - PRIME
	E	MCS - TRICARE PRIME
	K	MCS - CA/HI ENROLLED
	O	NEW ORLEANS PRIME
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AD	ACTIVE DUTY CLAIMS
	ENROLLMENT STATUS MUST BE W	ACTIVE DUTY - USA
	X	ACTIVE DUTY - EUROPE
1-197-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE = AD	ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST BE = W	SPONSOR
	AND SPONSOR STATUS MUST = A	ACTIVE DUTY
	B	RECALLED TO ACTIVE DUTY

Institutional Edit Requirements**Element Name: Special Processing Code (1-197) (Continued)**

J ACADEMY STUDENT/NAVY OCS

N NATIONAL GUARD

Q PRISONER/APPELLATE

V RESERVE

T FOREIGN MILITARY (NATO)

1-197-20R IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR'
 CONTRACTOR NUMBER MUST = 07 (REGIONS 7 AND 8)

1-197-21R IF ANY OCCURRENCE OF
 SPECIAL PROCESSING CODE =

MS MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
(NETWORK)MN MEDICARE SUBVENTION/TRICARE-SENIOR PRIME
(NON-NETWORK)**THEN**

ENROLLMENT STATUS MUST = BB MEDICARE SUBVENTION/TRICARE-SENIOR PRIME

Institutional Edit Requirements

Element Name: Special Rate Code (I-198)			
Validity Edits			
1-198-01	VALUE MUST = BLANK. A - T		
Relational Edits			
Related to Element	Edited Element Relationship	Also Relates to Element(s)	
FILING STATE	SEE BELOW		
DRG NUMBER	SEE BELOW		
DATE OF ADMISSION	SEE BELOW		
SPECIAL PROCESSING CODE	SEE BELOW		
PROGRAM INDICATOR	SEE BELOW		
OVERRIDE CODE	SEE BELOW		
Edited Element Relationship			
1-198-02R	IF FILING STATE = 34 (NEW JERSEY) SPECIAL RATE CODE MUST = A. B. C. D. E. F. P. K. L. <u>OR</u> BLANK. IF FILING STATE NOT = 34 (NEW JERSEY) SPECIAL RATE CODE CANNOT = A. B. C. E. F. IF FILING STATE = 24 (MARYLAND) SPECIAL RATE CODE CANNOT = A. B. C. E. F. G. H. I. J. M. N. O. <u>OR</u> Q.		
1-198-03R	IF DRG NUMBER IS CODED (OTHER THAN ZERO) SPECIAL RATE CODE MUST = G. H. I. J. M. N. O. <u>OR</u> Q.		
1-198-04R	IF SPECIAL PROCESSING CODE = D (DRG QUALIFYING FOR INTERIM PAYMENT) SPECIAL RATE CODE MUST = G. I. J. M. OR O.		
1-198-05R	IF DATE OF ADMISSION IS < 1/1/89 SPECIAL RATE CODE MUST NOT = K <u>OR</u> L.		
1-198-06R	IF PROGRAM INDICATOR = H (PPPWD) SPECIAL RATE CODE MUST NOT = G. H. I. J. M. N. O. <u>OR</u> Q.		
1-198-07R	IF ANY OCCURRENCE OF OVERRIDE CODE	T MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED	
	SPECIAL RATE CODE MUST = K <u>OR</u> L		
1-198-08R	<u>WHEN</u> THE SPECIAL RATE CODE IS 'A' <u>OR</u> 'B' <u>OR</u> 'C' <u>OR</u> 'E' <u>OR</u> 'F' THEN THE END DATE OF CARE MUST BE LESS THAN 19890101.		
1-198-09R	IF SPECIAL PROCESSING CODE = '#' (HOSPICE) SPECIAL RATE CODE MUST = P UNLESS TYPE OF SUBMISSION = D (COMPLETE CONTRACTOR DENIAL).		
1-198-10R	IF SPECIAL RATE CODE = 'V' (MEDICARE) THEN SPECIAL PROCESSING CODE MUST = MS TRICARE SENIOR PRIME (NETWORK) OR MN TRICARE SENIOR PRIME (NON-NETWORK)		

